

ADHD Clinic Parent Information

(Please fill out this packet completely before your appointment)

Name of Child: _____

Date: _____

Informant: _____

Reason for Referral: _____

Referral Source: _____

Parental Objectives: _____

I. Developmental Factors

Parental History

1. How was your health during pregnancy? Good _____(1)
Fair _____(2)
Poor _____(3)
DK _____

2. How old were you when your child was born? Under 20 _____(1)
20-24 _____(2)
25-29 _____(3)
30-34 _____(4)
35-39 _____(5)
40-44 _____(6)
Over 44 _____(7)
DK _____

Do you recall using any of the following substances or medications during pregnancy?

- | | |
|--|---|
| <p>3. Beer or Wine
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-39 times
(6) 40+ times</p> | <p>4. Hard Liquor
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-30 times
(6) 40+ times</p> |
| <p>5. Coffee or other caffeine
Taken together, how many times?
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-30 times
(6) 40+ times</p> | <p>6. Cigarettes
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-39 times
(6) 40+ times</p> |

7. Did you ingest any of the following substances?

- Valium (Librium, Xanax)
 Tranquilizers
 Anti-seizure medications (e.g. Dilantin)
 Treatment for diabetes
 Antibiotics (for viral infections)
 Sleeping pills
 Other
Please Specify: _____

Perinatal History

8. Did you have toxemia or eclampsia? No _____ (0)
Yes _____ (1)
DK _____
9. Was there Rh factor incompatibility? No _____ (1)
Yes _____ (2)
DK _____
10. Was (s)he born on schedule? 8 mos. or earlier _____ (1)
Term 8-10 mos. _____ (2)
10 mos. _____ (3)
DK _____
11. What was the duration of labor? Under 6 hrs _____ (1)
7-12 hrs _____ (2)
13-18 hrs _____ (3)
19-24 hrs _____ (4)
Over 24 hrs _____ (5)
DK _____
12. Were you given any drugs to ease the pain during labor? No _____ (0)
Name: _____ Yes _____ (1)
DK _____

14. Was delivery:
- | | | |
|------------|-----|-----------|
| Normal | No | _____ (0) |
| | Yes | _____ (1) |
| Breech | No | _____ (0) |
| | Yes | _____ (1) |
| Caesarian? | No | _____ (0) |
| | Yes | _____ (1) |
| Forceps? | No | _____ (0) |
| | Yes | _____ (1) |
| Induced? | No | _____ (0) |
| | Yes | _____ (1) |
15. What was the child's birth weight?
- | | |
|----------------|-----------|
| 2lb-3lb 15oz | _____ (1) |
| 4lb-5lb 15oz | _____ (2) |
| 6lb-7lb 15oz | _____ (3) |
| 8lb-9lb 15oz | _____ (4) |
| 10lb-11lb 15oz | _____ (5) |
| DK | _____ |
16. Were there any health complications?
- | | | |
|--|-----|-----------|
| | No | _____ (0) |
| | Yes | _____ (1) |
- If yes, specify: _____

